



# FIGO's Ten Year Commitment to PPH Prevention and Treatment



**Professor Hamid Rushwan**  
Chief Executive

**International Federation of Gynecology and Obstetrics (FIGO)**

Presentation to POPPHI November 2009



Ann Lovold SOGC

# FIGO Overall Goals



Meddie Kiddugavu /Photoshare

- Improvement of the **health and wellbeing of women and newborn children** worldwide.
- **Raising the status of women** and enabling their active participation in **achieving their reproductive and sexual rights**, with access to efficient education and services throughout the life cycle.
- Upgrading the practice of obstetrics and gynecology through **education and training and research to maintain a high standard of professionalism** and ethical adherence.

# FIGO's Priority Area: Safe Motherhood and Newborn Health

## **FIGO Saving Mothers and Newborns Project (SIDA) 2006-2011:**

**Goal:** Reduce maternal and newborn morbidity and mortality and contribute to the achievement of MDG goals 4 and 5 in ten low-income countries.

The project will build and sustain the capacity of the ob/gyn and midwifery societies in the participating developing countries to conduct essential projects relevant to the promotion of safe motherhood and the improvement of maternal health.

Haiti, Kosovo, Peru, Kenya, Moldova, Nigeria, Pakistan, Ukraine, Uruguay, Uganda

## **FIGO-Gates Safe Motherhood and Newborn Health Initiative (2008-2013):**

To improve policy and practice by strengthening FIGO member associations and using their position and knowledge to facilitate and contribute to these improvements, leading to better maternal and newborn health for underserved populations in low- and middle-resource countries.

# Post-Partum Haemorrhage:

## Motions passed by FIGO Executive Board (September 2005)

FIGO recommends:

- That all its member societies meet with their midwives, nursing and general medical colleagues to implement the delegation of acts that will reduce maternal mortality due to PPH...
- That oxytocin and misoprostol in the active management of 3rd stage of labour be delegated to nurses, midwives and general practitioners throughout their countries. Local ob/gyns need to lobby their governments to provide continuous uninterrupted drug supplies to prevent and treat PPH, as well as establish fully functional blood banks...

# The FIGO/ICM Joint Statement 2006: Prevention and Treatment of Post-Partum Haemorrhage New Advances for Low Resource Settings

## **Call to Action:**

- Lobby governments to ensure healthcare for all women
- Advocate for every woman to have a midwife, doctor or other skilled birth attendant at the time of birth
- Educate association members, other healthcare providers, policy makers, and the public about the need for skilled birth attendants
- Ensure that all birth attendants have the necessary training - appropriate to the settings where they work - to safely administer uterotonic drugs
- Call upon national regulatory agencies and policy makers to approve misoprostol for PPH prevention and treatment
- Incorporate the recommendations from this statement into current guidelines, competencies and curricula
- Disseminate this statement to all members through all available means, including publication in national newsletters or professional journals

# ICM/FIGO Statement 2006: Prevention of PPH

## **Active Management of the Third Stage of Labour**

- (AMTSL) Administration of oxytocin or another uterotonic drug within one minute after the birth of the baby
- Controlled cord traction
- Uterine massage after delivery of the placenta as appropriate

## **Misoprostol and the Prevention of Post-Partum Haemorrhage**

- Administration of 600 micrograms (mcg) misoprostol orally or sublingually after the birth of the baby
- Controlled cord traction ONLY when a skilled attendant is present at the birth
- Uterine massage after the delivery of the placenta as appropriate

# PPH Prevention cont.

## Management of the Third Stage of Labour in the Absence of Uterotonic Drugs

- Waiting for signs of separation of the placenta (cord lengthening, small blood loss, uterus firm and globular on palpation at the umbilicus)
- Encouraging maternal effort to bear down with contractions and, if necessary, to encourage an upright position
- Controlled cord traction is not recommended in the absence of uterotonic drugs, or prior to signs of separation of the placenta, as this can cause partial placental separation, a ruptured cord, excessive bleeding and uterine inversion
- Uterine massage after the delivery of the placenta as appropriate

# ICM/FIGO Statement 2006: Treatment of PPH

- **Emergency Obstetric Care (EmOC) facilities** including IV/IM uterine tonic drugs, manual removal of placenta and retained products of conception
- **Comprehensive EmOC facilities** would include blood transfusions and surgery
- **Community-based Emergency Care; Home-based Life-Saving skills**
  - Family and community members are taught techniques such as uterine fundal massage and emergency preparedness.
- **Misoprostol in the Treatment of Post-Partum Haemorrhage**
  - In combination with oxytocin this may be appropriate for use in low-resource settings as a last resort technique.
- **Innovative Techniques**
  - These include recent innovations such as the uterine tamponade, oxytocin in Unijet and the anti-shock garment.

# POPPHI – FIGO Initiative

## **FIGO Objective:**

To assist POPPHI to expand and improve the quality and availability of AMTSL at the facility level and community level through their work with their member associations around the world

## **Achievements:**

1. Production of a 'flow chart' to show how initial excessive bleeding should be managed
2. Surgical techniques of balloon tamponade and compression sutures (vs internal iliac artery ligation or embolisation)
3. Production of models to demonstrate balloon techniques - suturing-manual removal
4. Development of a joint Statement FIGO/ICM on physiological management of post-partum haemorrhage
5. Management of the Third Stage of Labour in targeted countries

# FIGO-POPPHI Project

## Workshops and Lectures

### **WORKSHOPS:**

FIGO Member Societies have conducted workshops on post-partum haemorrhage in an attempt to achieve POPPHI goals and to encourage the adoption of the joint statement and development of local activities

- May 2008 - Mali and Benin
- December 2008 - Sri Lanka
- September 2009 - Benin
- December 2009 - Expected workshop in Ghana

### **LECTURES:**

**September 08 - Montreal**

**December 08 - Sri Lanka**

**January 09 - Qatar**

**January 09 - India**

**February 09 - Saudi Arabia**

**March 09 - Jordan**

**March 09 - Trinidad and Tobago**

**April 09 - Japan**

# The FIGO/ICM Ten Key Actions for PPH (2003)

## **ICM and FIGO will:**

- 1.** Disseminate the joint statement to all national associations of midwives and societies of obstetrician-gynecologists, and encourage the national groups to disseminate it to their members.
- 2.** Obtain support for the joint statement from agencies in the field of maternal and neonatal healthcare, such as UN agencies, development and others.
- 3.** Recommend that this Global Initiative on the prevention of PPH be integrated into the curricula of midwifery, medical and nursing schools.
- 4.** Recommend that the Global Initiative be adopted by health policy makers and politicians.

# Ten Key Actions cont.

**ICM and FIGO will work toward ensuring that:**

5. Every mother giving birth anywhere in the world will be offered active management of the third stage of labour for the prevention of PPH.
6. Every skilled attendant will have training in active management of the third stage of labour and in techniques for the treatment of PPH.
7. Every health facility where births take place will have adequate supplies of uterotonic drugs, equipment and protocols for both the prevention and treatment of PPH.

# Ten Key Actions cont.

8. Blood transfusion facilities are available in centers that provide comprehensive healthcare (secondary and tertiary levels of care).
9. Physicians are trained in simple conservative techniques such as compression sutures and devascularisation.
10. Promising new drugs and technologies for the prevention and treatment of PPH, such as the tamponade technique, are evaluated.



Thank You!

